Performance

Report

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| Name: | mecwacare Trescowthick Centre |
| Commission ID: | 3501 |
| Address: | 70 Charles Street, PRAHRAN, Victoria, 3181 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 27 November 2024 |
| Service included in this assessment: | Provider: 964 MECWA  Service: 2252 mecwacare Trescowthick Centre |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for mecwacare Trescowthick Centre (**the service**) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received on 14 November 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers expressed satisfaction they are always treated with dignity and respect. Staff demonstrated an understanding of individual consumers and their backgrounds, the people important to them, and their preferences. Sample care planning documents detailed consumer background, individual preferences and choices. Staff were consistently observed to interact with consumers in a respectful manner, addressing them by their preferred names and showing kindness and empathy.

Consumers and representatives interviewed said staff understand consumer backgrounds and what is important to them. Staff identified consumers from various cultural backgrounds and demonstrated how this could influence their approach to care. Management explained the lifestyle and nurses’ stations have a cultural communication folder containing cue cards and phrases. Care planning documents evidence consumers’ cultural backgrounds, interests, and preferences. The Assessment Team observed staff engaging with consumers in a culturally sensitive way.

Consumers stated they can exercise choice and make decisions about their care and services, and are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships, including intimate relationships. Care planning documents detail how consumers wish their care to be delivered and who they wish to be involved in their care.

Consumers sampled include those who are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

Consumers and representatives confirmed they receive current and timely information that enables consumers to exercise choice such as menus, weekly activity options and newsletters. Consumers are invited to attend bi-monthly resident and representative meetings, food focus meetings, and lifestyle meetings. A range of notices are on display within the service including the weekly activity calendar, events on for that day and advocacy and complaints information.

Consumers are satisfied their privacy is respected by staff and their information remains confidential. Staff demonstrated how they maintain consumer privacy. The service’s electronic information management system is password protected. The service has a staff code of conduct and privacy policy. The Assessment Team observed staff knocking on consumers’ doors prior to room entry and ‘do not disturb’ signs were observed on some consumer doors.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said staff listen to consumers and understand their individual health and wellbeing needs, goals, and preferences. Consumers said they are confident staff consider risks to their wellbeing and plan care to minimise these risks whilst supporting their dignity, independence, and choice. They described how general practitioners, allied health professionals and external specialists contributed to the assessment of their care needs. Representatives of consumers assessed as requiring restrictive practices said they had provided informed consent.

Consumers and representatives said consumers receive care that meets their current health and wellbeing needs. Most consumers said they had discussed advance care planning with their families, staff, or general practitioner. However, most consumers said they had not completed a formal advance care directive. Clinical management explained the organisation provides consumers with comprehensive information about advance care planning on admission and through newsletter communication. The provider’s response to the assessment team report states advance care directives are in place for all consumers who have elected to complete one.

Consumers said they have a say in the assessment, planning and review of their care and services. Consumers and representatives said clinical staff conduct formal care consultations with them at least bi-monthly. They said staff engage consumers and representatives in dignity of risk planning when consumers prefer alternatives to suggested care. Consumers said staff discuss any changes in their care needs with their preferred representative. Consumer representatives expressed satisfaction with the way staff communicate with them following incidents and/or changes in the consumer’s condition. A review of consumer care documentation demonstrates a range of external services contribute to assessment and care planning.

Consumers and representatives said they are satisfied management and staff communicate the outcomes of assessment and planning to them. Most consumers and representatives said they did not recall seeing a copy of the consumer’s care and service’s plan and they said they were unsure how they could access one. Clinical staff explained they communicate the outcomes of assessment and care planning with consumers and/or representatives during bi-monthly review consultations and whenever reassessment of the consumer’s care occurs. The provider’s response to the assessment team report states all consumers and representatives have received an email providing information on care plans and how copies can be accessed.

Consumers and representatives said staff review care and services regularly and following changes in consumer condition. Clinical staff said they review consumer care needs every two months and when there has been a change in the consumer’s condition or after an incident. Clinical staff explained they evaluate pain, wound, weight and fluid balance charts. They review ‘as required’ medication administration and infections to evaluate the effectiveness of care interventions. Consumer care documentation demonstrated clinical and allied health staff review assessments and care plans according to the service’s assessment and care planning protocols.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said consumers receive safe, individualised care. They said staff implement wound care, pain care, catheter care and restrictive practices to optimise consumer health and wellbeing. Clinical staff demonstrated they implement clinical care according to the organisation’s policies. They said they are supported to undertake training to improve their clinical skills and have access to guidelines and mentoring to guide their clinical practice. Care staff described how they address individual consumer care needs and report issues to nurses. Clinical management explained care planning processes to support implementation of safe, individualised care for each consumer. They demonstrated staff manage restrictive practices according to best practice guidelines. Management described the clinical supervision practices and clinical audits in place to monitor the quality of clinical care provided to consumers.

Consumers and representatives said staff provide safe, individualised care to mitigate risk of harm to consumers. Management identified high-impact or high-prevalence risks associated with the care of consumers include falls, weight loss and changed behaviours. Management and clinical staff explained the processes they use to ensure staff are aware of risks to consumer wellbeing and how to mitigate these risks. They said clinical incidents are investigated and care is reviewed to prevent reoccurrence. Clinical and care staff explained protocols to manage risks in relation to falls, weight loss and changed behaviours for individual consumers. A review of consumer care documentation demonstrates staff manage high-impact, high-prevalence risks associated with the care of each consumer according to the service’s guidelines and the consumer’s care plan.

Clinical staff demonstrated they recognise when a consumer is nearing end-of-life and implement care to maximise comfort and maintain dignity. The review of care documentation shows staff conduct formal palliative care assessments and collaborate with family and their general practitioner to implement holistic palliative care when consumers reach end-of-life.

Consumers and representatives said they are confident staff respond to changes in a consumer’s condition in a timely manner. Staff explained how they identify deterioration or changes in a consumer’s condition, escalate care to general practitioners and hospitals, and inform representatives. The review of care documentation demonstrates staff take appropriate action in response to deterioration or changes in the consumer’s health and wellbeing. The service has guidelines to support the identification and management of clinical deterioration.

Consumers and representatives said the service provides consistent care and all staff know consumers well. They explained management and clinical staff demonstrate exemplary communication skills. Staff described how they document and share information about consumer care needs within the service and with other individuals or organisations who deliver care. A review of consumers’ care documentation demonstrates information about consumers’ care needs and preferences is accurate, current, and generally consistent across documents. Consumers’ care documentation includes detailed progress notes, charting, incident reports and individualised care planning documents as well as reports from external services.

Consumers and representatives expressed satisfaction with access and referral to their general practitioners, allied health, and other specialist health care providers. Management and staff described the service’s referral processes and they provided examples of referrals made. Clinical staff explained the process for updating assessments and care plans following specialist review. Care documentation confirmed staff make timely and appropriate referrals to providers of other services to meet consumer care needs.

Consumers and representatives said they are confident the service takes appropriate action to minimise infection related risks. All staff explained how they prevent, recognise, and minimise the spread of infection as well as work processes to promote antimicrobial stewardship. Staff demonstrated use of standard precautions including handwashing and using personal protective equipment as the primary way of minimising the spread of infection when performing routine care tasks. An updated outbreak management plan is in place to guide safe care in the event of an infectious outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers said their daily living preferences are supported and they can exercise choice in relation to scheduling, meals, and levels of participation. Care staff demonstrated an awareness of the activities of interest for named consumers, as well as consumers who prefer not to attend activities. Care staff explained they know each individual consumer’s preferences for hygiene and grooming. A team of lifestyle staff are supervised by the wellness and enhancement coordinator who completes a consumer lifestyle and personal history assessment on admission. The coordinator works with the consumer, representatives and other providers of care and services to create a lifestyle care plan. The service’s wellbeing staff provide a range of recreational and social activities every day of the week. Group and individual activities are planned with each consumer’s level of physical and cognitive function considered. Where barriers to participation are identified, they are reduced to encourage consumer involvement.

Care staff said observation and regular communication with consumers helps them identify if someone is needing extra support. This is reported to team leaders, clinical staff and wellness and engagement staff. The service has access to a diverse range of spiritual care practitioners and holds religious services regularly. Consumers are supported to celebrate days of cultural significance and personal meaning.

Consumers said they have control over how much participation in social activities, group outings or care conferences they have. Representative contact information is available for staff to assist with communication and relaying updates. Care staff said they recognise the value of visitors and small private spaces facilitate social interaction. A monthly activity planner is displayed throughout the service and monthly newsletters are used to promote events. The Assessment Team observed numerous visitors during the assessment with staff greeting representatives warmly.

Consumers expressed satisfaction that the service knows and effectively communicates their needs and preferences for supports of daily living with relevant stakeholders. Care staff stated they are familiar with consumers and can access care plans for guidance in service delivery if unsure. Clinical and care staff described how a comprehensive handover occurs and progress notes detail interventions and charting. Management and staff described effective communication with representatives about consumer care needs and changes.

Consumers described receiving services and interventions as a result of timely and appropriate referrals both internally to lifestyle staff and externally to other providers. Care staff demonstrated an understanding of the internal reporting process to either lifestyle or catering staff. External referrals are raised with consumer consultation, assessment and review.

Consumers and representatives described the food as varied and of sufficient quality and quantity. All sampled consumers said it was appetising, and they had input into the menu and selection of alternative meals. Staff demonstrated courteous meal assistance to those consumers who needed support with nutrition and hydration. The service keeps multiple dietary registers which were accessible to staff in the main dining room, each kitchenette, and on mobile trolleys used for serving morning and afternoon tea and drinks. The dietary registers are updated weekly and when changes to consumer needs occur.

Consumers expressed satisfaction with the equipment provided by the service. Staff described accessing well maintained equipment appropriate for each consumer, including assigned slings and bathroom commodes. Additionally, staff said they felt confident lodging maintenance requests where necessary. Allied health staff explained they perform assessments and measurements before recommending mobility aids and safety equipment. Shared equipment was observed to be stored appropriately and sanitising wipes were attached to facilitate staff compliance in cleaning equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers said they feel at home and representatives said they feel welcome at the service. Consumers and staff said the environment is easy to navigate and safe for consumers to move about freely. The Assessment Team observed consumers socialising at the café, in communal spaces and outdoors.

Sampled consumers and representatives were satisfied the service environment is clean and well maintained. They described being able to move freely inside and outside the service. Cleaning staff outlined cleaning regimes. Maintenance described management of hazards, and a review of online maintenance requests showed no outstanding issues posing a significant risk to consumers. The service was observed to be clean, and well-maintained. Outdoor areas were tidy and safe. Since the assessment, the service has actioned any outstanding maintenance requests and have enhanced procedures in relation to documenting maintenance.

Consumers and representatives expressed their satisfaction with the equipment used at the service and that it is clean and safe to use. Staff outlined how they ensure equipment is appropriate for consumers. The Assessment Team observed furniture and equipment to be clean and in good condition.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they felt comfortable providing feedback and making complaints. Staff described assisting consumers and their representatives in raising concerns. Management described actions taken to encourage and support consumers to provide feedback, complaints, and suggestions to drive improvement at the service. The Assessment Team observed the availability of internal and external feedback mechanisms throughout the service. Documentation, including the consumer handbook, resident and representative meeting minutes and feedback systems, demonstrated the service encourages and actions feedback.

Consumers and representatives are aware of how to access an advocate and other methods to raise and resolve a complaint. The Assessment Team observed information displayed throughout the service regarding advocates and making a complaint. Management described how they provide information on advocacy and complaints on entry to the service. The Assessment Team reviewed the service’s consumer handbook and noted the inclusion of interpreter services and related contact numbers.

Consumers and representatives who had provided feedback or raised a complaint were satisfied with the resolution. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrates the service actions complaints in a timely manner. The Assessment Team sampled complaints documentation which demonstrated appropriate action was taken and open disclosure applied.

Consumers and representatives said the service reviews their feedback and complaints to improve the quality of care and services. Management described how the service’s complaints process is used to inform its plan for continuous improvement. Feedback and complaints documentation reviewed by the Assessment Team identified appropriate action was taken to resolve complaints, and systemic improvements were being made to the service as a result.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers said they feel safe at the service and staff are available to respond to their needs. Care staff described the workforce as sufficient with adequate supervision and support from clinical and senior staff. Clinical staff feel well supported by management and understand their role. Management said they maintain the roster and described allocations, meeting care minutes targets, and filling unplanned leave with regular staff. Management remains on-call and can activate the service’s agency staff approval process if necessary. Documentation corroborated nursing care minute targets are consistently met. Call bells are electronically linked to each staff member, administration, and management. Call bell response times are audited and response times greater than 10 minutes are identified and discussed. Staff were observed to move throughout the service in an unrushed manner.

Consumers said the staff are always kind and caring. Representatives praised staff individually, and for their patient and respectful interactions as a whole. Management said staff behaviour and representation of the service’s values are monitored through observations, feedback, surveys and the consumer rights audit tool. The service displayed welcoming and inclusive signage and the Assessment Team observed staff always demonstrated individualised and respectful interactions with consumers.

Consumers and representatives reported satisfaction with the skills and competence of staff at the service. Care staff described their minimum qualifications, onboarding, mandatory training, buddy shifts, and continuous professional development. Clinical staff demonstrated they are aware of how to perform their responsibilities and delegations in alignment with the service’s policies and procedures. Specialist health providers such as allied health, wound consultants and palliative care teams are contracted or booked as appropriate with service agreements and protocols in place.

Management described the recruitment processes that include internal and external advertising, screening tools, behavioural based interviews, reference checks and contracts. An orientation checklist for new staff includes mandatory training and ongoing learning. Professional development is delivered through various mechanisms including formal, on-line or ‘toolbox’ training. The service is supported by the organisation’s nurse educators, who provide structured support and training to staff through the orientation program, annual refresher training and when required to address identified training needs.

Clinical and care staff confirmed they undergo regular assessment, monitoring, and performance reviews. Management explained the organisation’s policy to retain and develop high quality staff and promote opportunities to set goals for professional development. Management described performance appraisal as a continuous process with consumer feedback, observation, and ongoing monitoring of staff by the executive leadership team.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they are engaged in care planning and confirmed they are invited to attend meetings with staff and management. They said they are kept informed of any changes occurring at the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery, and evaluation of care, lifestyle, menu planning, and services. Management demonstrated consumers are actively participating in consumer and representative meetings. Resident meetings are held regularly, and consumers are encouraged to express opinions and raise issues at this forum or directly to staff. The Assessment Team reviewed the service’s plan for continuous improvement that reflected improvement suggestions made by consumers.

Consumers expressed feeling safe at the service and living in an engaging and community-like environment. The organisation has a range of policies and procedures that support and guide management and staff to provide a safe and inclusive environment. Management and staff described how the organisation is governed by a volunteer Board of Directors with members whose varied skills, experience and diverse backgrounds align to governance needs. Observations of management and staff interactions with consumers demonstrated that a culture of respectful, accountable, inclusive, safe quality care is a core value within the service.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Systems are in place to ensure compliance with information management including archiving, storage of files, security of electronic data, password protection and computer backup. The plan for continuous improvement includes actions, outcomes, evaluations, staff member details and status of completion. The finance and audit committee maintains oversight of income and expenditure through regular reviews, operating activities and estimates, including consumer expenditure and workforce budgets. The service requires all staff to have evidence of qualifications and/or certifications relevant to their role, including current registrations where applicable. The service has systems in place to ensure policies and procedures are updated to reflect legislative or regulatory change. The service has a feedback and complaints system and process which actively seeks to improve the results for consumers with a focus on timely response, open disclosure, resolution and evaluation of outcomes.

The service has risk management systems and practices to effectively identify and manage high-impact or high-prevalence risks, manage incidents and support consumers to live the best life that they can. Care staff said they know how to report incidents, accidents, hazards, injuries and near misses. All clinical staff said they have received education in relation to the organisation’s policies regarding abuse and neglect and incident reporting. Daily operational meetings take place with senior staff and management in which incidents and events are discussed. Management described robust processes in place to manage and investigate incidents. Management said incident reporting is encouraged, incidents are investigated and outcomes evaluated and reported to sub committees and the Board.

The service has a clinical governance framework in place which provides an overarching monitoring system for clinical care. Management said the organisation’s clinical policies are built on legislative requirements, guidelines and best practice standards. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)